

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G675		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2011	
NAME OF PROVIDER OR SUPPLIER  PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 990 E HANNA ST COLUMBIA CITY, IN46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: September 6 and 7, 2011</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 009013 Provider Number: 15G675 AIMS Number: 100234550</p> <p>The following deficiencies also reflect state findings under 431 IAC 1.1. Quality Review completed 9-20-11 by C. Neary, Program Coordinator.</p>			W0000			
W0140	<p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed for 2 of 4 sampled clients (client #1 and #3) by not ensuring they had an accurate accounting of their petty cash funds.</p> <p>Findings include:</p> <p>Review on 9/6/11 at 4:25 PM of client #3's August 2011 Petty Cash Ledger indicated as of 8/29/11, she should have had \$43.00 petty cash. There were no entries made on the ledger after 8/29/11.</p>			W0140	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice: Client #1 and #3 personal funds accounts have been reconciled and demonstrate an accurate accounting of their personal funds. How will we identify other residents having the potential to be affected by the same deficient practice: All clients' personal funds accounts in this home will be examined and reconciled to demonstrate an accurate accounting of their personal</p>		10/01/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>The counted petty cash plus receipts at this time was \$38.00, a minus of \$5.00.</p> <p>Interview on 9/6/11 at 4:30 PM with the Resident Manager was conducted. She indicated she knew there was a receipt with \$5.00 cash for spending money to account for the missing \$5.00 but it was not in client #3's petty cash bag at the time of reviewing and counting client #3's funds.</p> <p>Review on 9/6/11 at 4:40 PM of client #1's August 2011 Petty Cash Ledger indicated as of 8/29/11, she should have had \$13.00. There were no entries made in the ledger after 8/29/11. The counted petty cash plus receipts at this time was \$27.00.</p> <p>Interview on 9/6/11 at 4:45 PM with the Resident Manager was conducted. She indicated she knew client #1 would be over in the amount of cash because client #1 had won money at Bingo on the previous Friday and client #1 had put \$10.00 cash in her petty cash bag. The Resident Manager indicated she did not record the money client #1 had won at Bingo or the cash she put in the petty cash bag.</p> <p>1.1-3-1(a)</p>				<p>funds. What measures will be put into place or what systemic changes will be made to ensure that the deficient practices will not recur: Clients' personal funds accounts will be reviewed on a weekly basis to ensure a full and complete accounting of clients' personal funds. How will the corrective actions be monitored to ensure the deficient practice will not recur: Clients' personal funds accounts will be reviewed on a weekly basis by the group home manager to ensure a full and complete accounting of clients' personal funds. What is the date by which the systemic changes will be completed: 10-1-11</p>		

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W0322	<p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3) by not ensuring she had a mammogram.</p> <p>Findings include:</p> <p>Review on 9/7/11 at 9:00 AM of client #3's records was conducted. Client #3's "Client Emergency Data Information" dated 3/23/11, indicated client #3 was over 80 years old. There was no evidence in client #3's record of her ever having a mammogram. Client #3's Physician's Orders dated 7/1/11 did not indicate whether or not she was to have a mammogram. Client #3's annual physical exam dated 3/14/11 had no recommendation for her to have a mammogram. There was no evidence in client #3's records of preventative guidelines.</p> <p>Interview on 9/7/11 at 1:25 PM with the facility nurse was conducted. The nurse indicated they did not have preventative guidelines but were dependent on the doctor to make recommendations. The nurse indicated there was nothing in client #3's file to indicate if she has had a mammogram or not.</p>		W0322	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice</p> <p>Client #3 is scheduled for a mammogram on 10-4-11. Client #3 will have a mammogram annually as recommended by her physician and/or guardian. An order for the mammogram has been added to Client #3 Physician's orders and to the monthly medical scheduling form as a reminder to the staff to make the appointment when it is due.</p> <p>How will we identify other residents having the potential to be affected by the same deficient practice</p> <p>All individuals who receive annual female gynecological exams including mammograms and pap tests will have it noted on their Physician's orders and on the monthly scheduling form as a reminder to the staff to make the appointment when it is due</p> <p>What measures will be put into place or what system changes will be made to ensure that the deficient practices do not recur</p> <p>Mammograms and pap tests will be noted on Physician's orders and the monthly scheduling form as a reminder to staff to make the appointment when it is due</p> <p>How will the corrective actions be monitored to ensure the deficient</p>		10/01/2011	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	1.1-3-6(a)				practice will not recur Health Services Coordinator monitors scheduling from monthly and sends written reminders to group home staff to schedule appointments  What is the date by which the systemic changes will be completed 10-1-11		